

150 Harley Street

Inspection report

150 Harley Street
London
W1G 7LQ
Tel: 02030753150
www.150harleyst.co.uk

Date of inspection visit: 7 December 2022
Date of publication: 13/01/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at 150 Harley Street. This was part of our inspection programme as they had not been inspected since November 2013.

150 Harley Street is an independent healthcare provider offering diagnosis and treatment for ear, nose and throat (ENT) conditions to adults and children.

The lead clinician is the register manager. A registered manager is a person registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered people’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service provided care in a way that kept patients safe and protected from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Clinicians and staff dealt with patients with kindness and respect and were committed to involving people in decisions about their care.
- The service adjusted how it delivered services to meet the needs of patients, especially so since the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person centred care.

The areas where the provider **should** make improvements are:

- Ensure staff training and appraisals are completed in an appropriate timeframe.
- Ensure DBS checks are carried out for all staff members prior to employment.
- Ensure there is a written risk assessment for the medicines that is not in stock in the clinic.
- Ensure clinical audits are conducted to evidence quality improvement.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and a specialist advisor.

Background to 150 Harley Street

150 Harley Street is an independent health service offering diagnosis and treatment for ear, nose and throat (ENT) conditions. The service is available to both adults and children. The clinic is located on the ground floor of 150 Harley Street, with clinical rooms available both on the ground floor and first floor.

150 Harley Street employs a lead clinician (the registered manager), a service manager and two administrative/reception staff members. The provider leases rooms to ENT consultants who carry out their own consultations and diagnoses.

150 Harley Street offers pre-bookable face-to-face and virtual appointments to adults and children. The service is open Monday-Friday between 8:30am to 6pm.

How we inspected this service

We gathered and reviewed pre-inspection information before inspecting the service; this included their policies, guidelines and formal patient feedback. On the day of the inspection, we spoke with the service manager, an administrative staff member and the registered manager. We also reviewed patient records, observed infection prevention and control and emergency medication measures and looked at recruitment and training files. To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The service had clear systems to keep people safe and safeguarded from abuse. This included in respect of infection prevention and control, medicine management and significant events.

However, the service should:

- Ensure staff training and appraisals are completed in an appropriate timeframe.
- Ensure DBS checks are carried out for all staff members prior to employment.
- Ensure there is a written risk assessment for the medicines that is not in stock in the clinic.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service was governed by appropriate safety policies, which were regularly reviewed and accessible to staff. The policies outlined who to go to for further guidance.
- Staff received safety information from the service as part of their induction and refresher training.
- The service had policies in place to safeguard children and vulnerable adults from abuse. Systems were in place to assure an adult accompanying a child had parental authority.
- The service had not experienced any instances of potential abuse but identified the statutory agencies in place to support patients and protect them from neglect and abuse should the need arise. Staff members we spoke to demonstrated an understanding of what constituted a safeguarding concern and necessary actions to take if a safeguarding incident were to occur.
- The lead clinician was trained to level three in relation to both safeguarding vulnerable adults and children.
- The service told us Disclosure and Barring Service (DBS) checks (these checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) for non-clinical staff were not undertaken until their probationary period was over, which was usually six months into their recruitment. One staff member, whose primary role was at the reception desk and therefore had contact with patients, had only been working at the service for three months and therefore did not have their DBS check carried out at the time of the inspection. The service informed us they would change the process to ensure DBS checks are carried out prior to recruitment and initiated a DBS check on the particular staff member after the inspection.
- There was an effective system to manage Infection Prevention and Control (IPC). The service completed an IPC audit in November 2022. The service also carried out an up-to-date legionella risk assessment.
- The provider ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were clear systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments. This included regular fire and health and safety risk assessments.
- The service was up to date with their Portable Appliance Testing and calibration of equipment.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The service shared the usage of oxygen cylinders and defibrillators with clinics in the same building. Oxygen cylinders and defibrillators were in date and in working order.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for clinical staff.
- The service stocked some emergency medicines such as adrenaline. Patients attending the service were typically in good, general health and the risk of an emergency was low and there had been no incident whereby a patient required emergency assistance. The service informed us if they would be able to obtain other emergency medication from nearby clinics in the case of an emergency, which the services they work closely with and had informal arrangements. However, there was no formal written risk assessment in relation to this. After the inspection, the practice had formalised formal risk assessments for medication not in stock.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we reviewed showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Medical records were shredded once computerised.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the service shared relevant clinical information with the patient's GP if the patient provided consent to do so.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- The service monitored and reviewed activity. It had a good safety record, with incidents being very rare.
- Safety alerts, such as those received from MHRA, were reviewed by the lead clinician and actioned appropriately.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had a policy on significant events which outlined how to record and investigate serious incidents. There was a clear and concise system for recording and acting on significant events.
- No significant events were recorded in the past 12 months. However, each staff member we spoke to understood their duty to raise concerns and were supported to report incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. Furthermore, the service followed guidelines on preventing the spread of the COVID-19 infection from the beginning of the pandemic and continued to follow processes introduced during the pandemic (such as virtual consultations).

Are services effective?

We rated effective as Good because:

The service assessed needs and delivered care in line with current legislation, standards and evidence-based guidelines. Clinicians and staff had the skills, knowledge and experience to carry out their roles.

However, the service should:

- Ensure clinical audits are conducted to evidence quality improvement.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. There was a sufficient amount of time during consultations to consider mental and physical wellbeing of a patient as well as their clinical needs.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was partially involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The lead clinician was renowned in his field and specialised in the diagnosis and management of hearing and balance disorders. The service had seen quality improvement activity through research carried out by the lead clinician. For example, the lead clinician conducted a research programme (through a 2-year Medical Research Council Fellowship) to investigate drug induced damage in the human inner ear. Some of the medical information provided to patients at the service stems from research/published documents written by the lead clinician. However, the service acknowledged quality improvement could not be evidenced through clinical audits carried out by the service and told us they would commence clinical audits in order to now do so.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Up to date records of qualifications were maintained but training for some non-clinical staff members were overdue. For example, Infection Prevention Control (IPC) training for non-clinical staff for one staff member had not been completed since March 2020. Furthermore, appraisals for non-clinical staff members had not been completed since March 2020. The practice had informed us they would recommence staff appraisals after the inspection.

Coordinating patient care and information sharing

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service supported patients with a range of information regarding good ENT health. This included patient leaflets and patient journey videos on a dedicated patient hub on their website as well as a dedicated YouTube channel.
- The service were able to offer longer appointment times than a GP appointment and used the additional time in appointments to inform and educate their patients.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, such as informing care providers about ear infections.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had received Mental Capacity Act training.
- Patients were provided with information regarding treatment costs prior to a consultation.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff involved patients in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Every patient was sent a link following their treatment, to provide feedback about the quality of care and customer service. This was completed through an established online health review service (www.doctify.com).
- Feedback from patients was positive. At the time of the inspection, the service had an overall rating of five out of five with 19 patient reviews on doctify.com.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, the service had accommodated private rooms to patients to use as prayer rooms when requested.
- The service gave patients timely support and information. Patient information leaflets were informative about the service and fees associated with diagnosis, treatment and products.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as their first language.
- Patients told the service through their feedback they felt involved in decisions about their care and treatment. Patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For instance, the service adjusted the layout of consultation rooms to ensure there was good lighting to help those who lipread to have a clearer view. The service also had portable hearing loops within the clinic.
- The service continued to provide remote consultations with patients after restrictions had eased from the COVID-19 pandemic.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the building would not allow for the service to install a disability ramp, however, the service bought a portable disability ramp which they used in the instance a wheelchair-using patient required access to the building. There was a disabled-access lift and disabled toilet available within the premises.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the appointment system was easy to use.
- The lead clinician was contactable out of hours if required.
- Referrals and transfers to other services were undertaken in a timely manner as the service had a list of other clinics which they would recommend to patients if they could not treat their concern or if they did not have the capacity to do so.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service had a complaints policy and procedure in place which outlined how to log complaints and the necessary actions to take following a complaint.
- There had been one formal complaint in the past 12 months. A patient developed COVID-19 five days after an appointment in the clinic. The patient made a formal complaint believing to have caught COVID from staff members in

Are services responsive to people's needs?

the clinic. The service investigated the incident and informed the patient all staff members were vaccinated at the time of the appointment and symptomless before and after the appointment. All other patients were contacted, and no other patient had developed COVID-19 symptoms. A second letter had been sent to the patient to inform about the results of the investigation.

- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were continually addressing these. For example, the service were undergoing structural changes to their premises in order to make necessary changes to some of their consultation rooms.
- The service was led by the lead clinician who was visible and accessible to staff and patients. Staff we spoke with were enthusiastic about the quality of leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service was a well-established speciality service provided by an experienced and appropriately qualified specialist clinician. The service was underpinned by a clear vision to provide high quality specialist care and to achieve patients' treatment goals.
- The service had a realistic strategy to achieve its priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. Staff members we spoke to told us they were proud to work for the service.
- The service was specialised for eye, nose and throat care and focused on the needs of its patients. They tailored their service to meet the needs of their patients by, for example, developing a patient hub on their website which provided patients with information and visual aids of a patient journey at the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff with appropriate risk assessments being carried out.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams who portrayed a close working relationship, with some staff members being long-term workers at the service.
- However, non-clinical staff members did not receive regular annual appraisals. The service told us this had been paused during the COVID-19 pandemic and they will be carrying out overdue appraisals in the new year. The lead clinician had his appraisal carried out externally and had protected time for professional time and evaluation of clinical work.

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities and there were clear leads, for example, leads for safeguarding and infection prevention and control.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves they were operating as intended.
- Regular meetings were held between clinical and non-clinical staff members.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required. The service made use of information technology to reduce the need for paper-based systems and improve information security. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There was partial clarity around processes for managing risks, issues and performance.

- Some processes could not identify and address current and future risks including risks to patient safety. For instance, informal plans were in place and staff were trained to respond to major incidents. However, there was no formal business continuity plans to evidence what staff would do in the event of a major incident. The service had told us they would formalise a business plan immediately after the inspection.
- Drug safety alerts were identified and actioned appropriately by the lead clinician.
- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of incidents and patient complaints.
- However, there was no evidence of clinical audits having a positive impact on the quality of care and outcomes for patients.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff acted on them to shape services and culture. For instance, they continued to carry out consultations with patients virtually after restrictions had eased from the COVID-19 pandemic.

Are services well-led?

- Patients were encouraged to give feedback about their experience of the service through online websites and social media platforms. Feedback was regularly reviewed by the lead clinician and service manager.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The lead clinician is renowned in his field and specialises in the diagnosis and management of hearing and balance disorders. The service had seen quality improvement activity through research carried out by the lead clinician. The lead clinician was previously a president of the ENT Research Society and sat on the Specialist Advisory Committee of the Royal College of Surgeons. However, the service acknowledged they could not evidence quality improvement through clinical audits carried out in the service.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.